CHAPTER 1026

HEALTH CARE INSURANCE COVERAGE — AUTISM SPECTRUM DISORDER $\it H.F.~2167$

AN ACT relating to the definition of autism spectrum disorder for purposes of certain health care coverage, making conforming changes, and including applicability provisions.

Be It Enacted by the General Assembly of the State of Iowa:

- Section 1. Section 225D.1, subsection 2, Code 2022, is amended to read as follows: 2. "Autism" means autism spectrum disorders disorder as defined in section 514C.28.
- Sec. 2. Section 321.189, subsection 10, Code 2022, is amended to read as follows:
- 10. Autism spectrum disorder status. A licensee who has an autism spectrum disorder, as defined in section 514C.28, may request that the license be marked to reflect the licensee's autism spectrum disorder status on the face of the license when the licensee applies for the issuance or renewal of a license. The department may adopt rules pursuant to chapter 17A establishing criteria under which a licensee may be marked, including requiring the licensee to submit medical proof of the licensee's autism spectrum disorder status. When a driver's license is so marked, the licensee's autism spectrum disorder status shall be noted in the electronic database used by the department and law enforcement to access registration, titling, and driver's license information. The department, in consultation with the mental health and disability services commission, shall develop educational media to raise awareness of a licensee's ability to request the licensee be marked to reflect the licensee's autism spectrum disorder status.
- Sec. 3. Section 321.190, subsection 1, paragraph b, subparagraph (6), Code 2022, is amended to read as follows:
- (6) An applicant for a nonoperator's identification card who has an autism spectrum disorder, as defined in section 514C.28, may request that the card be marked to reflect the applicant's autism spectrum disorder status on the face of the card when the applicant applies for the issuance or renewal of a card. The department may adopt rules pursuant to chapter 17A establishing criteria under which a card may be marked, including requiring the applicant to submit medical proof of the applicant's autism spectrum disorder status. The department, in consultation with the mental health and disability services commission, shall develop educational media to raise awareness of an applicant's ability to request the card be marked to reflect the applicant's autism spectrum disorder status.
 - Sec. 4. Section 514C.28, subsection 1, Code 2022, is amended to read as follows:
- 1. Notwithstanding the uniformity of treatment requirements of section 514C.6, a group plan established pursuant to chapter 509A for employees of the state providing for third-party payment or prepayment of health, medical, and surgical coverage benefits shall provide coverage benefits to covered individuals under twenty-one years of age for the diagnostic assessment of autism spectrum disorders disorder and for the treatment of autism spectrum disorders disorder.
- Sec. 5. Section 514C.28, subsection 2, paragraphs b, c, d, j, and k, Code 2022, are amended to read as follows:
- b. "Autism service provider" means a person, or group providing treatment of autism spectrum disorders disorder. An autism service provider that provides treatment of autism spectrum disorders disorder that includes applied behavioral analysis shall be certified as a behavior analyst by the behavior analyst certification board or shall be a health professional licensed under chapter 147.
- c. "Autism spectrum disorders disorder" means any of the pervasive developmental disorders including autistic disorder, Asperger's disorder, and pervasive developmental disorders not otherwise specified. The commissioner, by rule, shall define "autism spectrum disorders" consistent with definitions provided in the most recent edition of the American psychiatric association's diagnostic and statistical manual of mental disorders, as such

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definitions may be amended from time to time. The commissioner may adopt the definitions provided in such manual by reference a mental health condition that meets the diagnostic criteria for such disorder as published in the most recent edition of the diagnostic and statistical manual of mental disorders as published by the American psychiatric association.

- d. "Diagnostic assessment of autism spectrum disorders disorder" means medically necessary assessment, evaluations, or tests performed by a licensed physician, licensed physician assistant, licensed psychologist, or licensed registered nurse practitioner to diagnose whether an individual has an autism spectrum disorder.
- j. "Treatment of autism spectrum disorders disorder" means treatment that is identified in a treatment plan and includes medically necessary pharmacy care, psychiatric care, psychological care, rehabilitative care, and therapeutic care that is one of the following:
- (1) Prescribed, ordered, or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed social worker, or licensed registered nurse practitioner.
 - (2) Provided by an autism service provider.
- (3) Provided by a person, entity, or group that works under the direction of an autism service provider.
- k. "Treatment plan" means a plan for the treatment of autism spectrum disorders disorder developed by a licensed physician or licensed psychologist pursuant to a comprehensive evaluation or reevaluation performed in consultation with the patient and the patient's representative.
- Sec. 6. Section 514C.28, subsections 3, 7, and 10, Code 2022, are amended to read as follows:
- 3. Coverage is required pursuant to this section in a maximum benefit amount of not more than thirty-six thousand dollars per year but shall not be subject to any limits on the number of visits to an autism service provider for treatment of autism spectrum disorders disorder. Beginning in 2014, the The commissioner shall, on or before April 1 of each calendar year, publish an adjustment to the maximum benefit required equal to the percentage change in the United States department of labor consumer price index for all urban consumers in the preceding year, and the published adjusted maximum benefit shall be applicable to group policies, contracts, or plans subject to this section that are issued or renewed on or after January 1 of the following calendar year. Payments made under a group plan subject to this section on behalf of a covered individual for treatment of a health condition unrelated to or distinguishable from the individual's autism spectrum disorder shall not be applied toward any maximum benefit established under this subsection.
- 7. This section shall not be construed to require coverage by a group plan of any service solely based on inclusion of the service in an individualized education program. Consistent with federal or state law and upon consent of the parent or guardian of a covered individual, the treatment of autism spectrum disorders disorder may be coordinated with any services included in an individualized education program. However, coverage for the treatment of autism spectrum disorders disorder shall not be contingent upon coordination of services with an individualized education program.
- 10. An insurer may review a treatment plan for treatment of autism spectrum disorders disorder once every six months, subject to its utilization review requirements, including case management, concurrent review, and other managed care provisions. A more or less frequent review may be agreed upon by the insured and the licensed physician or licensed psychologist developing the treatment plan.
- Sec. 7. Section 514C.31, subsection 2, paragraphs b and d, Code 2022, are amended to read as follows:
- b. "Autism spectrum disorder" means a complex neurodevelopmental medical disorder characterized by social impairment, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior the same as defined in section 514C.28, subsection 2.
- d. "Treatment plan" means a plan for the treatment of an autism spectrum disorder developed by a licensed physician or licensed psychologist after a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report

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or recommendations of the American academy of pediatrics. *"Treatment plan"* includes supervisory services, subject to the provisions of subsection 5.

Sec. 8. APPLICABILITY.

- 1. The sections of this Act amending section 514C.28 apply to plans established pursuant to chapter 509A for employees of the state that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2023.
- 2. The section of this Act amending section 514C.31 applies to third-party provider payment contracts, policies, or plans specified in section 514C.31, subsection 1, paragraph "a", or to plans established pursuant to chapter 509A for public employees other than employees of the state, that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2023.

Approved April 21, 2022